



SMALL BUSINESS ADMINISTRATION TRANSACTION REPORT ON LOAN SERVICED BY LENDER

1. Mail To: SMALL BUSINESS ADMINISTRATION DENVER, CO 80259		2. Lender's Name and Address 																									
3. Loan Number 		4. Borrower's Name 																									
5. Interest Rates SBA _____ Lender _____		6. Percent Shares SBA _____ Lender _____																									
7. Date Repayment Received 		8. Installment Due Date Paid 																									
9. Interest Period Paid From: _____ To: _____		10. No. of Days Interest _____																									
<table style="width: 100%; border-collapse: collapse;"><thead><tr><th style="text-align: left; width: 40%;">11. Application of Repayment:</th><th style="text-align: center; width: 15%;"><u>TOTAL</u></th><th style="text-align: center; width: 25%;"><u>LENDER SHARE</u></th><th style="text-align: center; width: 20%;"><u>SBA SHARE</u></th></tr></thead><tbody><tr><td>Repayment Amount</td><td>\$ _____</td><td>\$ _____</td><td>\$ _____</td></tr><tr><td>a. To Interest</td><td>\$ _____</td><td>\$ _____</td><td>\$ _____</td></tr><tr><td>b. To Principal</td><td>\$ _____</td><td>\$ _____</td><td>\$ _____</td></tr><tr><td>c. Less: Service Fee *</td><td></td><td></td><td>\$ _____</td></tr><tr><td>d. Amount Remitted to SBA</td><td></td><td></td><td>\$ _____</td></tr></tbody></table> <p style="margin-top: 10px;">* Compute Service Fee as follows: Multiply SBA's Share of Beginning Principal Balance by: (Number of Days Interest times Daily Factor). Daily Factor = .0000068 if SBA's Percent Share Exceeds 75% Daily Factor = .0000103 if SBA's Percent Share is 75% or less.</p>				11. Application of Repayment:	<u>TOTAL</u>	<u>LENDER SHARE</u>	<u>SBA SHARE</u>	Repayment Amount	\$ _____	\$ _____	\$ _____	a. To Interest	\$ _____	\$ _____	\$ _____	b. To Principal	\$ _____	\$ _____	\$ _____	c. Less: Service Fee *			\$ _____	d. Amount Remitted to SBA			\$ _____
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13. Comments: 		14. ----- OFO USE ONLY ----- T/C _____ Offline Code _____ Next Due Date _____																									
15. Signature and Title 		16. Telephone No. 																									
17. Report Date 																											

PLEASE NOTE: The estimated burden hours for the completion of this form is 10 minutes per response. If you have any questions or comments concerning this estimate or any other aspect of this information collection please contact, Chief, Administrative Information Branch, U.S. Small Business Administration, 409 3rd St., S. W. Washington, D.C. 20416 and OMB Clearance Officer, Paperwork Reduction Project (3245-0131), Office of Management and Budget, Washington, D.C. 20503.

SBA FORM 172 (4-93) REF.: SOP 20 23 PREVIOUS EDITIONS OBSOLETE

